

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2015 MAR -9 AM 9:48

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FEC MAIL CENTER

Government Personnel Mutual Life Insurance Company Political Action Committee

ADDRESS (number and street)

2211 N.E. Loop 410



Check if different
than previously
reported. (ACC)

San Antonio

TX

78217

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00236588

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day



Primary (12P)



General (12G)



Runoff (12R)

PRE-Election



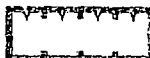
Convention (12C)



Special (12S)

Report for the:

Election on



in the
State of



(d) 30-Day

POST-Election



General (30G)



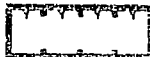
Runoff (30R)



Special (30S)

Report for the:

Election on



in the
State of



5. Covering Period

09 / 01 / 2014

09 / 30 / 2014

through

09 / 30 / 2014

09 / 30 / 2014

09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maria de Lourdes Mendoza

Signature of Treasurer

Maria de Lourdes Mendoza

Date

02 / 27 / 2015

02 / 27 / 2015

02 / 27 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Government Personnel Mutual Life Insurance Company Political Action Committee

Report Covering the Period:

From:

09 ' 01 ' 2014

To:

09 ' 30 ' 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014	2014	10761.35
(b) Cash on Hand at Beginning of Reporting Period.....	11116.35	
(c) Total Receipts (from Line 19).....	300.00	2700.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11416.35	13461.35
7. Total Disbursements (from Line 31).....	0	2045.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11416.35	11416.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

Write or Type Committee Name

Government Personnel Mutual Life Insurance Company Political Action Committee

Report Covering the Period:

From:

09 ' 01 ' 2014

To:

09 ' 30 ' 2014

I. Receipts

COLUMN A
Total This PeriodCOLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized

(iii) TOTAL (add
Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees

(c) Other Political Committees
(such as PACs).....(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

Page 4

COLUMN B
Calendar Year-to-Date

- [illegible]

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	300.00	27.00.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3.00.00	27.00.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 3

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Government Personnel Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hennessey III, Peter J.

Mailing Address

346 Arcadia Place

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C 00236588

Name of Employer **Government
Personnel Mutual Life
Insurance Company**

Occupation **Chairman of the Board**

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4,500.00

Date of Receipt

09/01/2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Draper, Robert E.

Mailing Address

11823 Tarragon Cove

City

San Antonio

State

TX

Zip Code

78213

FEC ID number of contributing
federal political committee.

C 00236588

Name of Employer **Government
Personnel Mutual Life
Insurance Company**

Occupation **Vice President**

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4,500.00

Date of Receipt

09/01/2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ferguson, C. Alan

Mailing Address

8601 Barn Swallow

City

San Antonio

State

TX

Zip Code

78255

FEC ID number of contributing
federal political committee.

C 00236588

Name of Employer **Government
Personnel Mutual Life
Insurance Company**

Occupation **Attorney**

Receipt For: **Insurance Company**

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4,500.00

Date of Receipt

09/01/2014

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶

1,500.00

TOTAL This Period (last page this line number only).....▶

1,500.00

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 2 OF 3

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Government Personnel Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hennessey IV, Peter J.

Mailing Address

136 E. Oakview Pl.

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing federal political committee.

C 00236588

Name of Employer Government Personnel Mutal Life Insurance Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 01 2014

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Hutchins, Pamela A

Mailing Address

8515 Chesham

City

San Antonio

State

TX

Zip Code

78254

FEC ID number of contributing federal political committee.

C 00236588

Name of Employer Government Personnel Mutual Life Insurance Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 01 2014

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mendoza, Maria de Lourdes

Mailing Address

124 Grand Oak

City

San Antonio

State

TX

Zip Code

78232

FEC ID number of contributing federal political committee.

C 00236588

Name of Employer Government Personnel Mutual Life Insurance Company

Occupation

Vice President & Treasurer

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 01 2014

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

300.00

**SCHEDULE B (FEC FORM 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Government Personnel Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A.

N/A

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500011401200000



From: (210) 357-2103
Legal Department
2211 NE Loop 410
San Antonio, TX 78217

Origin ID: SVZA

FedEx
Express



BILL SENDER

SHIP TO: (555) 555-5555
Federal Election Committee

999 E Street, NW

WASHINGTON, DC 20463

Ship Date: 02MAR15
Actual: 1.0 LB
CAD: 1046588 900NET3810

Delivery Address Bar Code



Ref # 010
Invoice #
PO #
Dept #

FedEx

TRK# 7730 3055 0290
0201

THU - 05 MAR AA
** 2DAY **

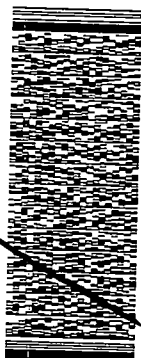
20463

DC-US
IAD

SK RDVA

TRK# 7730 3055
0201

SK R



FTD 5002665 03MAR15 SVZA 522C1/879A/650D

53711879A

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1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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Page 1 of 1

NS

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1-9 AM 9:40

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>3/2/15</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>3/9/15</i> DATE PREPARED